

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1636

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3023 Registrar's No. 420

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon Rural</u> c. LENGTH OF STAY (In this place) <u>3 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural near Sleeper Mo.</u> d. STREET ADDRESS (If rural, give location) <u>Rural Route #4</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Beulah</u> b. (Middle) <u>Faye</u> c. (Last) <u>Cumming</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 28, 1951</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 3, 1907</u>
<b>9. AGE</b> (In years last birthday) <u>44</u>		<b>10. AGE</b> (In years last birthday) <u>44</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Brooks Oregon</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>George Stagner</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Pearl M. Knight</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Robert H. Cumming</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Robert H. Cumming</u>		<b>17. ADDRESS</b> <u>Lebanon Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Thrombosis</u>  <b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  <b>DUE TO (b)</b> _____  <b>DUE TO (c)</b> _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.  <b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 hr</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>JAN 28</u> , 1951, to <u>Jan 28</u> , 1951, that I last saw the deceased alive on <u>Jan 28</u> , 1951, and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Paul Jenkins M.D.</u>		<b>23b. ADDRESS</b> <u>Lebanon Mo.</u>	
<b>23c. DATE SIGNED</b> <u>30 Jan 51</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Jan. 30, 1951</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Lebanon, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>2-2-1951</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Hella L. Mayo</u>	
<b>25. FEDERAL DIRECTOR'S SIGNATURE</b> <u>W.E. Holman</u>		<b>ADDRESS</b> <u>Lebanon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received **FEB 5 1951**  
Laclede County Health Unit  
File No. 2-51-12  
Date Filed **FEB 5 1951**

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Dorsey M. Howe  
Licensed Embalmer No. 4222  
P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.